This form will provide preliminary information in order to assist in the initial review of your complaint.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | | |
| Home Address: | | City: | |
| State: | Zip: | Home Phone: | |
| Agency/Division: | | Work Phone: | |
| Work Location/Facility: | | | |
| Please select your current status:  Career State Employee Former Career State Employee Probationary State Employee  Former Probationary State Employee Applicant for State Employment | | | |
| Shift or Normal Work Schedule: | | Email Address: | |
| Position Title: | | Gender: Male Female | |
| |  |  |  |  | | --- | --- | --- | --- | | Race:  Black  Asian/Pacific Islander  American Indian | White  Alaskan Native  Other\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ethnicity:  Hispanic  Non-Hispanic |  | | | | |
| Immediate Supervisor Name: Telephone Number: | | | |
| I believe that I was discriminated against by the following: (Check those that apply)  University Supervisor Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Full Name/Agency you believe discriminated against you: | | | Position/Title (if applicable) |
| Address: | | | Telephone Number: |
| Most recent date of alleged unlawful action: | | | |
| Type of unlawful action (must select one): Discrimination Harassment Retaliation | | | |
| If alleging discrimination or retaliation, check alleged unlawful action:  Hiring Training Work Assignments Demotion Suspension without Pay  Promotions Dismissal Compensation Overall Performance Ratings Reduction in Force | | | |
| Discrimination Basis: Do you think this happened to you because of (check as appropriate):  Race Sex National Origin Disability Political Affiliation Color Religion Genetic Information Age(40+) Other (Please Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| What remedy or resolution are you seeking? | | | |
| **In your own words, briefly describe what happened to you that you believe to be discriminatory. (Use additional pages as needed. Please print clearly or type).**    **List Names and Nature of Witnesses:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (1st) Witness Name Contact Information  Information (1st ) Witness Can Provide:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (2nd) Witness Name Contact Information  Information (2nd) Witness Can Provide:  **CLAIMS**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Complainant Name (print) Complainant Signature Date    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EEO Representative Name (print) EEO Representative Date of Receipt | | | |

NC Office of State Human Resources Complaint Intake Form Revision: 1/17/14

**For Grievances in Regard to Harassment, Discrimination, and/or Retaliation:**

* The Grievance Officer will conduct an Equal Opportunity Informal Inquiry or investigation into your claims. The Informal Inquiry should be completed within 45 calendar days.
* If you are not satisfied with the written response from the Informal Inquiry, you have fifteen (15) calendar days from the date you receive the written response from the Informal Inquiry to submit an “SPA Grievance Supplemental Filing Form” to Employee Relations in order to continue the grievance process.

**STATEMENT ON NON-RETALIATION**

Employees have the right to use this procedure free from threats or acts of retaliation, interference, coercion, restraint, discrimination, or reprisal. Employees may not be retaliated against for participating in a grievance as a grievant, a respondent, a witness, or as a grievance panel member. If you feel you have been retaliated against for filing a grievance please contact a Grievance Officer and report the matter so the appropriate action may be taken.

**grievant certification**

I hereby certify that all information submitted on this “EEO Informal Complaint Intake Form” and any supporting documentation is true, complete to the best of my knowledge and belief, and filed in good faith. I understand that I must continue to meet the performance and conduct expectations of my employment during this grievance process.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**Mail this form to:** Employee Relations, UNC Charlotte Office of Human Resources, 9201 University City Blvd, Charlotte, NC 28223-0001.

**OR Fax this form to:** Employee Relations at 704-687-5255.

**OR** **Deliver this form to:** Employee Relations, King 207.